

| AG | POSITION                  | INITIALS | ID NO. | DATE     |
|----|---------------------------|----------|--------|----------|
|    | FEE DETERMINATION         |          |        |          |
|    | O.I.P.E. CLASSIFIER       | m        |        | 12/25    |
|    | FORMALITY REVIEW          | TJ       | 942    | 01/03/01 |
|    | RESPONSE FORMALITY REVIEW | SIC      | 809    | 31/07/01 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Date     |
|-------|----------|
| 1     | Original |
| 2     | ✓        |
| 3     | ✓        |
| 4     | ✓        |
| 5     | ✓        |
| 6     | ✓        |
| 7     | ✓        |
| 8     | ✓        |
| 9     | ✓        |
| 10    | ✓        |
| 11    | ✓        |
| 12    | ✓        |
| 13    | ✓        |
| 14    | ✓        |
| 15    | J        |
| 16    | J        |
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| 30    | J        |
| 31    | J        |
| 32    | ✓        |
| 33    | ✓        |
| 34    | ✓        |
| 35    | ✓        |
| 36    | ✓        |
| 37    | ✓        |
| 38    | ✓        |
| 39    | ✓        |
| 40    | ✓        |
| 41    | ✓        |
| 42    | ✓        |
| 43    | ✓        |
| 44    | ✓        |
| 45    | ✓        |
| 46    | ✓        |
| 47    | ✓        |
| 48    | ✓        |
| 49    | ✓        |
| 50    | ✓        |

| Claim | Date |
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| 51    |      |
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| 53    | ✓    |
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| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet her

(LEFT INSIDE)